## **Statement of Termination Slate Mailer Organization**

CALIFORNIA 402

Slate mailer organizations do not automatically terminate and may only terminate under the following circumstances:

- They have ceased to receive payments or make disbursements for the purpose of producing and distributing slate mailers.
- They do not anticipate receiving payments or making disbursements for the purpose of producing and distributing slate mailers in the future.
- They have filed all required campaign statements disclosing all reportable transactions.

## Where to File:

The original of the Statement of Termination (Form 402) is filed with the Secretary of State and, if applicable, a copy with the local filing officer with whom the organization files its original disclosure statements.

## NOTE:

Additional filing obligations will be incurred if a slate mailer organization receives payments or makes disbursements in connection with a slate mailer after a Statement of Termination has been filed.

This form was prepared by the Fair Political Practices Commission (FPPC). For detailed information on campaign reporting requirements and the Information Practices Act of 1977, see the FPPC Campaign Disclosure Manual (available from your filing officer or the FPPC). Campaign filing deadlines, forms, and other informational materials are available on the FPPC website (www.fppc.ca.gov).

And, if applicable, file one copy of this form with: The city or county filing officer, if any, with whom the organization must file its original campaign disclosure statements.		Date Stamp	CALIFORNIA FORM 402
			To official ose only
ID NUMBER	NAME OF TREASURER:	L	
NO. AND STREET	PERMANENT ADDRESS OF TREASURER: (NOT P.O. BOX) NO. AND STREET		
ZIP CODE	CITY	STATE	ZIP CODE
	AREA CODE DAY	YTIME PHONE NO.	
loes not anticipate receiving pa	syments or making disburs	ements in the future, and has	filed all campaign
CITY AND STATE	By	SIGNATURE OF RESPONSIBL	LE OFFICER
l	And, if applicable, file one cop The city or county filing officer, if organization must file its original statements.  ID NUMBER  NO. AND STREET  ZIP CODE  aring this Statement. This Slat oes not anticipate receiving pa Act disclosing all reportable tr	And, if applicable, file one copy of this form with: The city or county filing officer, if any, with whom the organization must file its original campaign disclosure statements.  ID NUMBER  NAME OF TREASURER:  PERMANENT ADDRESS OF TREASURER:  ZIP CODE  CITY  AREA CODE  DAY  AREA CODE  DAY  AREA CODE  DAY  By  By	And, if applicable, file one copy of this form with: The city or county filing officer, if any, with whom the organization must file its original campaign disclosure statements.    ID NUMBER

NOTE: Additional filing obligations will be incurred if a Slate Mailer Organization receives payments or makes disbursements after this Statement of Termination has been filed.

TYPE OR PRINT

Title \_\_\_\_

Name of Responsible Officer \_\_\_\_